ADHS/DBHS FORM MH-104
APPLICATION FOR EMERGENCY ADMISSION FOR EVALUATION
(Pursuant to A.R.S. § 36-524)

STATE OF ARIZONA)
)ss
COUNTY OF_____)
_____)

The undersigned applicant, being first duly sworn/affirmed, hereby requests that _____admit the person named herein for evaluation.
(Evaluation Agency)

1. The undersigned applicant alleges that there is now in the County a person whose name and address are:

_____ _____
(Name) (Address)

and that s/he believes that the person has a mental disorder and as a result of said mental disorder, is:

☐ a danger to self; ☐ a danger to others;

and that, during the time necessary to complete pre-petition screening under A.R.S. §§ 36-520 and 36-521, the person is likely without immediate hospitalization to suffer serious physical harm or serious illness or is likely to inflict serious physical harm upon another person.

2. The conclusion that the person has a mental disorder is based on the following facts:
_____
_____
_____
_____

3. The specific nature of the danger posed by this person is: _____
_____
_____
_____

4. A summary of the personal observations upon which this statement is based is as follows: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PERSONAL DATA OF PROPOSED PATIENT:

Age _____ Date of Birth _____ Sex _____ Race _____

Weight _____ Height _____ Hair Color _____ Eye Color _____

Marital Status _____ Number of Children _____

Social Security No. _____ Religion _____

Distinguishing Marks _____

Occupation _____

Present Location _____

Dates and Places of Previous Hospitalization _____

How Long in Arizona _____ State Last From _____

Veteran _____ C-No. _____ Education _____

NAME, ADDRESS AND TELEPHONE NUMBER OF:

1) Guardian _____

2) Spouse _____

3) Next of Kin _____

4) Significant Other Persons _____

_____ _____

DATE SIGNATURE OF APPLICANT

Printed or Typed Name of Applicant _____

Relationship to Proposed Patient _____

Applicant's Address _____

Applicant's Telephone _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20___

_____

Notary Public

My Commission Expires:

_____